

# **PATENT APPLICATION FEE DETERMINATION RECORD** Effective October 1, 2001

Publication or Docket Number

10/695717

## **CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | *            |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE              |
|-----------|------------------|
| BASIC FEE | 352.00<br>370.00 |
| X\$ 9=    |                  |
| X42=      |                  |
| +140=     |                  |
| TOTAL     |                  |

| RATE      | FEE              |
|-----------|------------------|
| BASIC FEE | 770.00<br>740.00 |
| X\$18=    |                  |
| X84=      |                  |
| +280=     |                  |
| TOTAL     |                  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## **CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |   | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR |    | PRESENT EXTRA |
|---|----------------------------------|---|-------|------------------------------------|----|---------------|
|   |                                  |   |       | **                                 |    |               |
|   | Total                            | * |       | 32                                 | 27 |               |
|   | Independent                      | * |       | 4                                  | 4  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |       |                                    |    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           | 30<br>250      |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE | 79             |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |   | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR |  | PRESENT EXTRA |
|---|----------------------------------|---|-------|------------------------------------|--|---------------|
|   |                                  |   |       | **                                 |  |               |
|   | Total                            | * |       |                                    |  |               |
|   | Independent                      | * |       |                                    |  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |       |                                    |  |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |   | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR |  | PRESENT EXTRA |
|---|----------------------------------|---|-------|------------------------------------|--|---------------|
|   |                                  |   |       | **                                 |  |               |
|   | Total                            | * |       |                                    |  |               |
|   | Independent                      | * |       |                                    |  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |       |                                    |  |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

\*\*\*\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.